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## FAX COVER SHEET

MAY 06 2005

TO: Commissioner For Patents

SEND TO FAX NUMBER: (703) 872 9306

FROM: D. L. Tingey  
15 South Grady Way, Suite 303  
Renton, WA 98055FAX: (425) 228 3070  
PHONE: (425) 271 7700

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NUMBER OF PAGES (Including cover sheet): 35

## UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Troutt

Serial No.: 10/635,953

Art Unit: 3752

Filed: 08/07/2003

Title: Extension Pole With Swivel Spray Nozzle

## DOCUMENTS SENT:

1. Response to Office Action

I certify that the above documents are being faxed to the addressee patent examiner, United States Patent and Trademark Office, this above-given date.



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David L. Tingey  
Reg. No. 32,315  
Customer No. 27408

## \* \* \* \* \* NOTICE \* \* \* \* \*

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10/635,953

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20=	* 17
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 30	Minus	** 37
Independent	* 10	Minus	*** 4	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE <sup>1</sup>	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	153	OR X\$18=	
X42=	42	OR X84=	
+140=		OR +280=	
TOTAL	<i>153</i>	OR TOTAL	

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=	1080.00	OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE	<i>1080.00</i>	TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 30	Minus	** 37
Independent	* 10	Minus	*** 4	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 30	Minus	** 37
Independent	* 10	Minus	*** 4	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.